



Posted 8/21/11

ORS

231462

231461

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Request for reinstatement of Class C Taxi Certificate

Shuttle Etc., LLC

RECEIVED

AUG 11 2011

ORS

TT.W.W.W

(Please type or print)

Submitted by: Sandra Wilder

Telephone:

843-330 8763 cel

Fax:

Other:

843-832-8888 Home

Email:

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted

☒ Application - Class C Taxi

☐ Application - Class C Charter

☐ Application - Class C Charter Bus

☐ Application - Class C Non-Emergency

☐ Application - Class C Stretcher Van

☐ Application - Class E Household Goods

☐ Application - Class E Hazardous Waste

☐ Application

☐ Request for Extension to Comply with Order

☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded

☐ Request for Cancellation of Certificate

☐ Request for Suspension

☒ Request for Reinstatement

☐ Request for Name Change on Certificate

☐ Request to Amend Scope of Authority

☐ Request to Amend Tariff (rate increase, etc.)

☐ Request to Amend Passenger Limit

☐ Request

☐ Exhibit

☐ Late-Filed Exhibit

☐ Letter

☐ Proposed Order

☐ Publisher's Affidavit

☐ Reservation Letter

☐ Response

☐ Return to Petition

☐ Other:

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Print Form

Reset Form

CLASS C REINSTATEMENT FORM

File the original with:

Public Service Commission of South Carolina
Clerk's Office
Motor Carrier Matters
P.O. Box 11649
Columbia, S.C. 29211
(803) 896 - 5100
FAX (803) 896-5199

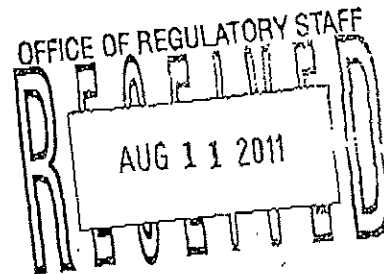
Mail or fax a copy to:

S.C. Office of Regulatory Staff
Transportation Department
1401 Main Street, Suite 900
Columbia, S.C. 29201
(803) 737-0578
FAX (803) 737-0815

(*) DATE: 8-10-11

Please consider this an application for Reinstatement of my:

- ☒ Taxi Certificate Number 7716-A
☐ Charter Certificate Number ✓
☐ Charter Bus Certificate Number _____
☐ Non-Emergency Certificate Number _____



My certificate was revoked/cancelled on 6-2-11 because of failure
to pay decol fees for the First Half 2011 enforcement
period. (DATE)

(*) I am seeking reinstatement because ~~Admission~~ New van

Shuttle, Etc, LLC
 (Name of Company)

DBA N/A
 (If applicable)

(*) 303 Elliott Dr.
 (Street Address)

(*) _____
 (Mailing Address if different from Street Address)

(*) Ladson, SC 29456
 (City, State, Zip Code)

(*) Sandra Wilder
 (Signature)

(*) 843-3308763
 (Telephone Number)

(*) owner
 (Title) Owner, President, etc.